



03/31/97

Attorney's Docket No. 7434-CIP

PATENT

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: CARL COOPERSerial No.: 081486,000 Group No.: 2603Filed: JUNE 8, 1995 Examiner: RAO, SFor: IMPROVED PROGRAM VIEWING  
APPARATUS AND METHOD

Commissioner of Patents and Trademarks

Washington, D.C. 20231

## AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

## STATUS

2. Applicant is

☒ a small entity. A verified statement:☐ is attached.☒ was already filed.☐ other than a small entity.

## CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8a)

I hereby certify that this correspondence is, on the date shown below, being:

## MAILING

☒ deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the Commissioner of Patents and Trademarks, Washington, D.C. 20231

## FACSIMILE

☐ transmitted by facsimile to the Patent and Trademark Office

Date: 3-26-97

LISA R. LUCAS  
Signature  
LISA R. LUCAS  
(type or print name of person certifying)

(Amendment Transmittal [9-19]—page 1 of 4)

# FEE FOR CLAIMS

4. The fee for claims (37 CFR 1.16(b)-(d)) has been calculated as shown below:

(Col. 1)	(Col. 2)	(Col. 3)	SMALL ENTITY	OTHER THAN A SMALL ENTITY
CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDIT. FEE
TOTAL * 41	MINUS ** 34	= 7	x11 = \$ 77.	x22 = \$
INDEP. * 14	MINUS *** 11	= 3	x40 = \$ 120.	x80 = \$
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM			x130 = \$	x260 = \$
			TOTAL ADDIT. FEE \$ 197.	OR TOTAL ADDIT. FEE \$

- \* If the entry in Col. 1 is less than entry in Col. 2, write "0" in Col. 3.
  - \*\* If the "Highest No. Previously Paid for" IN THIS SPACE is less than 20, enter "20".
  - \*\*\* If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3".
- The "Highest No. Previously Paid For" (Total or indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

**WARNING:** "After final rejection or action (§ 1.113) amendments may be made cancelling claims or complying with any requirement of form which has been made." 37 CFR § 1.116(a) (emphasis added).

(complete (c) or (d) as applicable)

- (c) ☐ No additional fee for claims is required.

OR

- (d) ☒ Total additional fee for claims required \$ 662.00

## FEE PAYMENT

5. ☒ Attached is a check in the sum of \$ 662.00.
- ☐ Charge Account No. \_\_\_\_\_ the sum of \$ \_\_\_\_\_

A duplicate of this transmittal is attached.

## FEE DEFICIENCY

NOTE: If there is a fee deficiency and there is no authorization to charge an account, additional fees are necessary to cover the additional time consumed in making up the original deficiency. If the maximum, six-month period has expired before the deficiency is noted and corrected, the application is held abandoned. In those instances where authorization to charge is included, processing delays are encountered in returning the papers to the PTO Finance Branch in order to apply these charges prior to action on the cases. Authorization to charge the deposit account for any fee deficiency should be checked. See the Notice of April 7, 1986, (1065 O.G. 31-33).

6. ☒ If any additional extension and/or fee is required, charge Account No. 12-1347

## AND/OR

- ☒ If any additional fee for claims is required, charge Account No. 12-1347

Reg. No.: 29,557

Tel. No.: (216) 621-7337

WILLIAM LIGHTBODY  
SIGNATURE OF ATTORNEY

William Lightbody  
type or print name of attorney

2121 East Ohio Building  
P.O. Address

1717 East Ninth Street  
Cleveland, OH 44114